on Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number (Optional)		
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				M02A435-C6		
Application Number 10/749,949				Filed December 31, 2003		
For Chemical Delivery Systems and Methods of Delivery						
Art Unit 3754				Examiner Joseph A. Kaufman		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.						
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
			<u>Fee</u>	Small Entity Fee		
	One	month (37 CFR 1.17(a)(1))	\$120	\$60	\$	
	✓ Two	months (37 CFR 1.17(a)(2))	\$450	\$225	\$ <u>450.00</u>	
	Thre	ee months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
	Fou	r months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
	Five	months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
□ A	Applicant claims small entity status. See 37 CFR 1.27.					
A	A check in the amount of the fee is enclosed.					
P	Payment by credit card. Form PTO-2038 is attached.					
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2865 I have enclosed a duplicate copy of this sheet.						
WARNING: Information on this form may become public. Credit card information should not be included on this form.						
Provide credit card information and authorization on PTO-2038.						
I am the applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).						
attorney or agent of record. Registration Number $32,351$						
		attorney or agent under 37 Registration number if acting i				
	1	Jum A KIN	>	May 9, 2006		
_		Signature		Way 5, 2000	Date	
D	avid A. He	у /		908-771-6385	Date	
_	Typed or printed name			Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
\checkmark	Total of		s are submitted.			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of Total o						
FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.						
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